

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2434

FILED JAN 19 1951

318

1003

State File No.

105

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR Saint Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR Saint Louis		277 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5041 Arlington Avenue				d. STREET ADDRESS (If rural, give location) 5041 Arlington Avenue			
3. NAME OF DECEASED a. (First) Ben		b. (Middle) P.		c. (Last) Cooper		4. DATE OF DEATH (Month) (Day) (Year) Jan. 4th, 1951	
5. SEX Male <input checked="" type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 5th, 1876	
9. AGE (In years last birthday) 74		10. IF UNDER 1 YEAR Days 6		11. IF UNDER 24 HRS. Hours 29			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY Mallinckrodt Chemical Co.		11. BIRTHPLACE (State or foreign country) Crawford County, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME William Cooper		13b. MOTHER'S MAIDEN NAME Eugenia Mc Williams		14. NAME OF HUSBAND OR WIFE Eliza Richardson Cooper			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Eliza Cooper, 5041 Arlington Avenue			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic valvular heart disease - Aortic</u> INTERVAL BETWEEN ONSET AND DEATH <u>Know</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H.214</u>			
22. I hereby certify that I attended the deceased from <u>Oct 1</u> , 1950, to <u>Jan. 4</u> , 1951, that I last saw the deceased alive on <u>Dec 27, 1950</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. W. Menzies, M.D.</u>		23b. ADDRESS <u>5330 Geraldine Ave</u>		23c. DATE SIGNED <u>1/5/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/6/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>	
DATE REC'D BY LOCAL REG. JAN 6 1951		REGISTRAR'S SIGNATURE <u>F. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz; 4828 Natural Bridge Blvd			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

John A. Mlinar

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.